United States of America

Department of the Treasury
Internal Revenue Service

Date: March 3, 2006

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: is a true copy of the Form 990, Return of Organization Exempt From Income Tax, plus attachments, for Holy Land Foundation for Relief and Development, Employer Identification Number 95-4227517, for tax year 1993, consisting of thirteen (13) pages

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

Susan M. Bononcini
Resident Agent-in-Charge
Delegation Order CI - 18

GOVERNMENT EXHIBIT
HLF Tax - 2
3:04-CR-240-G
U.S. v. HLF, et al.

Catalog Number 19002E

Form 2866 (Rev. 09-1997)

184901410243 4 4

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-0047

1993

This Form is Open to Public Inspection

A For the 1993 calendar year, OR tax year period beginning , 1993, and ending , 19

B Check if: ☐ Initial return ☐ Final return ☐ Amended return ☐ Change of address

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Holy Land Foundation for Relief & Development

Number and street (or P.O. box if mail is not delivered to street address): P O Box 832390 | Room/suite:

City, town, or post office, state, and ZIP code: Richardson, Texas 75083

D Employer identification number: 95 4227517

E State registration number: 1454143

F Check ▶ ☐ if exemption application is pending

G Type of organization—▶ ☒ Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: *Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).*

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: *Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,047,584		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (attach schedule—see instructions) (cash $ 2,038,365 noncash $ 9,219)			1d	2,047,584
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments (see instructions)			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	13,333
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sale of assets other than inventory — (A) Securities: / (B) Other:	8a			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule—see instructions):				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,060,917
Expenses	13	Program services (from line 44, column (B)—see instructions)			13	1,837,105
	14	Management and general (from line 44, column (C)—see instructions)			14	131,590
	15	Fundraising (from line 44, column (D)—see instructions)			15	182,050
	16	Payments to affiliates (attach schedule—see instructions)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	2,150,745
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	(89,828)
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			19	683,431
	20	Other changes in net assets or fund balances (attach explanation) Rounding			20	1
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	593,604

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______)	22	1,651,690	1,651,690		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	18,600	4,650	9,300	4,650
26 Other salaries and wages	26	69,677	27,870	40,413	1,394
27 Pension plan contributions	27				
28 Other employee benefits	28	3,195	1,278	1,853	64
29 Payroll taxes	29	9,977	3,990	5,787	200
30 Professional fundraising fees	30				—
31 Accounting fees	31	6,504	2,168	2,168	2,168
32 Legal fees	32	498	249		249
33 Supplies	33	15,255	7,317	3,659	4,268
34 Telephone	34	10,778	2,629	2,250	5,899
35 Postage and shipping	35	83,946	13,523	16,016	54,407
36 Occupancy	36	41,291	13,599	14,448	13,244
37 Equipment rental and maintenance	37	2,209	552		1,657
38 Printing and publications	38	108,743	62,637	8,105	38,001
39 Travel	39	71,957	28,325	15,490	28,142
40 Conferences, conventions, and meetings	40	4,421		1,336	3,085
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	24,395	6,876	4,380	13,139
43 Other expenses (itemize): a	43a				
b See attached schedule	43b	27,620	9,752	6,385	11,483
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	2,150,745	1,837,105	131,590	182,050

Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $______; (ii) the amount allocated to Program services $______; (iii) the amount allocated to Management and general $______; and (iv) the amount allocated to Fundraising $______.

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.	**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
a See attached statement (Grants and allocations $ 1,651,690)	1,837,105
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total** (add lines a through e) (should equal line 44, column (B), Program services) ▶	

3

Part IV Balance Sheets

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			534,827	45	347,378
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b		8,050	47c	9,150
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)				50	—
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54 Investments—securities (attach schedule)			91,284	54	94,502
55a Investments—land, buildings, and equipment: basis	55a	115,501			
b Less: accumulated depreciation (attach schedule)	55b	55,927	54,477	55c	59,574
56 Investments—other (attach schedule)				56	70,000
57a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe ▶)			2,479	58	13,000
59 **Total assets** (add lines 45 through 58) (must equal line 75)			691,117	59	593,604
Liabilities					
60 Accounts payable and accrued expenses			7,686	60	
61 Grants payable				61	
62 Support and revenue designated for future periods (attach schedule)				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			7,686	66	
Fund Balances or Net Assets					
Organizations that use fund accounting, check here ▶ ☐ and complete lines 67 through 70 and lines 74 and 75 (see instructions).					
67a Current unrestricted fund			597,422	67a	478,103
b Current restricted fund				67b	
68 Land, buildings, and equipment fund			86,008	68	115,501
69 Endowment fund				69	
70 Other funds (describe ▶)				70	
Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75 (see instructions).					
71 Capital stock or trust principal				71	
72 Paid-in or capital surplus				72	
73 Retained earnings or accumulated income				73	
74 **Total fund balances or net assets** (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal line 21)			683,431	74	593,604
75 **Total liabilities and fund balances/net assets** (add lines 66 and 74)			691,117	75	593,604

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes the organization's programs and accomplishments.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (see instructions).)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ghassan Elashi 305 Townhouse, Richardson, Tx	Treasurer 10 Hours	-0-	-0-	-0-
Mohammed Elmezain 151 Derrom Ave, Patterson, NJ	Chairman 15 Hours	-0-	-0-	-0-
Shukri A Baker 324 Candlewood, Richardson, Tx	Exec. Director 50 Hours	18,600	-0-	-0-

Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule—see instructions.

Part VI Other Information

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		X
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T**, Exempt Organization Business Income Tax Return, for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement; see instructions.	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	80a		X
b	If "Yes," enter the name of the organization ▶ .... and check whether it is ☐ exempt OR ☐ nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions . 81a none			
b	Did the organization file **Form 1120-POL**, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . 82b			
83	Did the organization comply with the public inspection requirements for returns and exemption applications?	83	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	84b		
85	*Section 501(c)(4), (5), or (6) organizations.*—a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" to either **85a** or **85b**, do not complete **85c** through **85h** below.	85b		
c	Dues, assessments, and similar amounts from members for January 1994 and later . 85c			
d	Section 162(e) lobbying and political expenditures after December 1993 . 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e			
f	Taxable amount of lobbying and political expenditures (line **85d** less **85e**; (see instructions.) . 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in **85f**?	85g		
h	Does the organization elect to add the amount in **85f** to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*Section 501(c)(7) organizations.*—Enter:			
a	Initiation fees and capital contributions included on line **12** . 86a			
b	Gross receipts, included on line **12**, for public use of club facilities (See instructions.) 86b			
87a	*Section 501(c)(12) organizations.*—Enter: Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		X

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86c-3

89 *Public interest law firms.*—Attach information described in the instructions.

90 List the states with which a copy of this return is filed ▶ California

91 The books are in care of ▶ Mohammed H. Azad, CPA Telephone no. ▶ (214)692-0202
Located at ▶ 11300 N Central Expwy, Ste. 405, Dallas, Tx ZIP code ▶ 75243

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**, *U.S. Fiduciary Income Tax Return*, should check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 92

5

Part VII Analysis of Income-Producing Activities N/A

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income (See instructions.)
93 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					

105 **TOTAL** (add line 104, columns (B), (D), and (E)) ▶

Note: *(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes N/A

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ [signature] Signature of officer | 5/10/94 Date | ▶ Executive Director Title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] | Date 05/13/94 | Check if self-employed ▶ [X] | Preparer's social security no. 360 52 7356

Firm's name (or yours if self-employed) and address ▶ Mohammed H Azad, CPA, 11300 North Central Expwy, # 405,Dallas Texas | E.I. No. ▶ | ZIP code ▶ 75243

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ Must be completed by the above organizations and attached to their Form 990 (or 990-EZ).

OMB No. 1545-0047

1993

Name of the organization: Holy Land Foundation for Relief & Development

Employer identification number: 95 : 4227517

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $30,000 ▶				

Part II Compensation of the Five Highest Paid Persons for Professional Services

(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of each person paid more than $30,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $30,000 for professional services ▶		

Part III Statements About Activities

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. $ ______ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
4	Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** below.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** below.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** below.)

12 ☐ An organization that normally receives: **(a)** no more than ⅓ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and **(b)** more than ⅓ of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete the **Support Schedule** below.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions for Part IV, line 13.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Support Schedule (Complete only if you checked a box on lines 10, 11, or 12 above.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 1992	(b) 1991	(c) 1990	(d) 1989	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,644,023	1,042,706	884,090	210,275	3,781,094
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,093	1,972	160		3,225
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,645,116	1,044,678	884,250	210,275	3,784,319
24	Line 23 minus line 17	1,645,116	1,044,678	884,250	210,275	3,784,319
25	Enter 1% of line 23	16,451	10,447	8,842	2,103	

26 Organizations described in lines 10 or 11:

a Enter 2% of amount in column (e), line 24 — 75,686

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1989 through 1992 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts here ▶ 185,942

(*Support Schedule continued on page 3*)

Part IV **Support Schedule** (continued) (Complete only if you checked a box on lines 10, 11, or 12.)

27 Organizations described on line 12:

a Attach a list, for amounts shown on lines 15, 16, and 17, to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1992) .... (1991) .... (1990) .... (1989) ....

b Attach a list to show, for 1989 through 1992, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received, during that year, an amount that was more than the larger of **(1)** the amount on line 25 for the year or **(2)** $5,000. Include organizations described in lines 5 through 11, as well as individuals. After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year:

(1992) .... (1991) .... (1990) .... (1989) ....

28 For an organization described in line 10, 11, or 12, that received any unusual grants during 1989 through 1992, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V **Private School Questionnaire**
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance? (See instructions.)	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ▶ **a** ☐ If the organization belongs to an affiliated group (see instructions).
Check here ▶ **b** ☐ If you checked a and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures (see Part VI-A instructions)	39		
40 Total exempt purpose expenditures (add lines 38 and 39) (see instructions)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *File Form 4720 if there is an amount on either line 43 or line 44.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1993	(b) 1992	(c) 1991	(d) 1990	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures (see instructions)					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting by organizations that did not complete Part VI-A) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations N/A

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		
(ii) Other assets	a(ii)		
b Other transactions:			
(i) Sales of assets to a noncharitable exempt organization	b(i)		
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		
(iii) Rental of facilities or equipment	b(iii)		
(iv) Reimbursement arrangements	b(iv)		
(v) Loans or loan guarantees	b(v)		
(vi) Performance of services or membership or fundraising solicitations	b(vi)		
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/93 T.I.N. 95-4227517

FORM 990

PART II, LINE 43, STATEMENT OF FUNCTIONAL EXPENSES

	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND-RAISING
ADVERTISING	10,646	5,323		5,323
BANK CHARGES	1,398		1,398	
CONTRACT LABOR	1,465			1,465
DUES & SUBS.	2,666	400	1,600	666
MAILING LIST	5,000	2,500		2,500
UTILITIES	6,117	1,529	3,059	1,529
PENALTIES	234		234	
LIMITED P/S TAX STATE OF CALIF	94		94	
TOTALS	27,620	9,752	6,385	11,483

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM GRANTS ARE APPROPRIATED TO VARIOUS PROJECTS, INCLUDING ASSISTANCE TO NON-PROFIT MEDICAL/DENTAL CLINICS, ORPHANAGES, EDUCATIONAL FACILITIES AND SOCIAL WELFARE CENTERS AND RELIGIOUS FACILITIES IN THE AREAS OF THE HOLY LANDS AFFECTED BY WAR AND CIVIL UNREST.

PART IV, LINE 54: INVESTMENTS

INVESTMENT IN MSI LIMITED PARTNERSHIP I

BEGINNING	$ 91,284
ADD: PARTNERS SHARE OF EARNINGS	7,590
LESS: WITHDRAWALS & DISTRIBUTIONS	(4,278)
LESS: PARTNERS SHARE OF CALIF. INCOME TAX	(94)
BALANCE AS OF 12/31/93	$ 94,502

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/93 T.I.N. 95-4227517

FORM 990

PART II, LINE 42 & PART IV, LINE 55a: DEPRECIATION

	COST	METHOD	CUMULATIVE	CURRENT
EQUIPMENT	71,184	MARCS/5	40,335	15,401
MAILING SORTING MACHINE	17,551	MARCS/7	6,805	4,298
FURNISHINGS	9,076	MARCS/7	5,238	1,535
TELEPHONE SYSTEM	2,715	MARCS/7	1,053	665
VIDEO PRODUCTION	14,975	MARCS/3	2,496	2,496
TOTALS	115,501		55,927	24,395

PART IV, LINE 56: INVESTMENTS-OTHER

INVESTMENT IN A-1 JEWELERS

BEGINNING	$ 70,000
ADD: EARNINGS/DIVIDENDS	5,743
LESS: DISTRIBUTIONS	(5,743)
BALANCE AS OF 12/31/93	$ 70,000

PART IV, LINE 58: OTHER ASSETS

GOLD	$ 9,219
DEPOSITS	2,479
PREPAID PAYROLL TAXES	390
DISTRIBUTION RECEIVABLE FROM M S I	912
TOTAL	$ 13,000

THE HOLY LAND FOUNDATION FOR
RELIEF AND DEVELOPMENT

T.Y.E. 12/31/93   T.I.N. 95-4227517

SCHEDULE A

PART III, LINE 4: STATEMENT ABOUT ACTIVITIES

SCHOLARSHIPS OR EDUCATIONAL ASSISTANCE DISBURSEMENTS ARE MADE TO THE NEEDY STUDENTS AT VARIOUS LEVELS OF THE EDUCATIONAL SYSTEM IN THE HOLY LANDS BASED UPON THE RECOMMENDATIONS FROM COMMUNITY LEADERS AND CHARITABLE ORGANIZATIONS IN THE AREAS. THE CRITERIA USED FOR SELECTION INCLUDES NEEDS, AREA OF STUDY, PAST PERFORMANCE AND DESIRE.

PART IV, LINE 26b:

NAME	TOTAL GIFTS 1989 - 1992	EXCESS AMOUNT
KHAMIS AKEL	103,000	27,314
MOUSA ABOU MARZOOK	210,000	134,314
ALEXANDRIA CARPET	100,000	24,314
TOTALS	310,000	185,942

PART IV, LINE 28:

	NAME	AMOUNT	NATURE OF GRANT
1989	NONE		
1990	KHAMIS AKEL	103,000	ONE TIME CASH
1991	BADADAH CONNECTION	50,000	ONE TIME CASH
1992	MOUSA ABOU MARZOOK	210,000	ONE TIME CASH
	ALEXANDERIA CARPET	100,000	ONE TIME CASH
	FAYEZ SHUKAIRY	58,400	ONE TIME CASH
	NASSER ALKHATIB	22,450	ONE TIME CASH
	AHMED A BAZARA	20,000	ONE TIME CASH
	ALAA SAMAN	15,500	ONE TIME CASH